## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Ending Spending Action Fund			
	C C00489856		
Check if 24-hour report			
Full Name of Payee	Date of Public Distribution/Dissemination		
Norway Hill Associates, Inc.	M M / D D / Y Y Y Y		
Mailing Address 30 Norway Hill Road	05 28 2015 Amount		
	Code 2525.27		
Hancock NH 034	Transaction ID : SE.6296 Date of Disbursement or Obligation		
Purpose of Expenditure direct voter contact	ttegory/ Type 05 06 / Y Y Y Y 2015		
Name of Federal Candidate	Support Office Sought: House District:		
Kelly A. Ayotte	Oppose President X Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbursement For: Primary General 2016 Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Norway Hill Associates, Inc.	M M / D D / Y Y Y Y		
Mailing Address 30 Norway Hill Road	06 06 2015		
30 Norway Filli Noau	Amount		
City State Zip	Code 299.25		
Hancock NH 034	Transaction ID : SE.6297		
Purpose of Expenditure	Date of Disbursement or Obligation		
direct voter contact	Type05 06 2015		
Name of Federal Candidate	Support Office Sought: House District:		
Kelly A. Ayotte	Oppose President X Senate State: NH		
Calendar Year-To-Date	Disbursement For: Primary General		
Per Election for Office Sought	0.00 2016 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	2824.52		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
	7 7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Nancy H. Watkins	Filed		
Signature [Electronically	Filed) Date 06 23 2015		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXI END	TIONES		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund				C C00489856
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Norway Hill Associates, Inc.				M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 30 Norway Hill Road			Amount	
City	State	Zip Code	- [	4742.27
Hancock	NH	03449		ction ID : SE.6298 Disbursement or Obligation
Purpose of Expenditure direct voter contact		Category/ Type	M	5 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
Kelly A. Ayotte		Oppose	Presiden	t Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement 2016 Oth	For:
Full Name of Payee			Date of	Public Distribution/Dissemination
Norway Hill Associates, Inc.				06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 30 Norway Hill Road			Amount	t
City	State	Zip Code		297.13
Hancock	NH	03449		tion ID : SE.6299 Disbursement or Obligation
Purpose of Expenditure direct voter contact		Category/ Type		15 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought:	House District:
Kelly A. Ayotte		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbursement 2016 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			5039.40
,				7- 1-7- 1-7-
(b) SUBTOTAL of Unitemized Independent Experi	nditures		• •	47- 14-
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Nancy H. Watkins Signature	[Electron	nically Filed] Date		23 2015
3.9				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Ending Spending Action Fund			
	C C00489856		
Check if 24-hour report X 48-hour report New report Amends report filed on			
Full Name of Payee	Date of Public Distribution/Dissemination		
Norway Hill Associates, Inc.	M M / D D / Y Y Y Y		
Mailing Address 30 Norway Hill Road	06 22 2015 Amount		
City State Zip Code	5750.00		
Hancock NH 03449	Transaction ID : SE.6300  Date of Disbursement or Obligation		
Purpose of Expenditure direct voter contact Category/ Type	05 / 06 / 2015		
Name of Federal Candidate Support	Office Sought: House District:		
Kelly A. Ayotte Oppose	President State: NH		
Galorida Todi To Bato	Disbursement For: Primary ☐ General  2016 ☐ Other (specify) ►		
Full Name of Payee	Date of Public Distribution/Dissemination		
Norway Hill Associates, Inc.	M M / D D / Y Y Y Y		
Mailing Address 30 Norway Hill Road	06 22 2015		
30 Norway Fill Noad	Amount		
City State Zip Code	3500.00		
Hancock NH 03449	Transaction ID : SE.6301 Date of Disbursement or Obligation		
Purpose of Expenditure Category/	Date of Disbursement of Obligation		
research Type	05 06 2015		
Name of Federal Candidate Support	Office Sought: House District:		
Kelly A. Ayotte Oppose	President X Senate State: NH		
	Disbursement For: Primary X General		
Per Election for Office Sought 0.00	2016 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	9250.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
	7 7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Nancy H. Watkins	M = M / D = D / Y = Y = Y		
Signature [Electronically Filed] Date	06 23 2015		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
	0
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Targeted Victory	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1033 N. Fairfax Street	
Suite 400	Amount
City State Zip Code	6000.00
Alexandria VA 22314	Transaction ID : SE.6302 Date of Disbursement or Obligation
Purpose of Expenditure web development  Category/ Type	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Kelly A. Ayotte Oppose	President State: NH State:
Calendar Year-To-Date Per Election for Office Sought  Disbt 2016	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	Mam / Dad / Yayayay
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
. S. Elodion for Onico Godgitt	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	6000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	23113.92
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	06 23 2015
Signature	